

CENTRAL FAX CENTER

NOV 22 2005

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number	10/039,062
Filing Date	December 31, 2001
First Named Inventor	William R. Matz
Art Unit	2153
Examiner Name	Sean M. Reilly
Attorney Docket Number	BS01376

ENCLOSURES

(Check all that apply)

Fee Transmittal Form
 Fee Attached
 Amendment/Reply
 After Final
 Affidavits/declaration(s)
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
 Certified Copy of Priority Document(s)
 Response to Missing Parts/Incomplete Application
 Response to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation
 Change of correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s)

After Allowance Communication to Group
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please identify below):

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	11/22/05		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	11/22/05
Signature	<i>Maureen M. Pettine</i>		

RECEIVED
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 22 2005

In re application of: William R. Matz **Group Art Unit:** 2153
Application No.: 10/039,062 **Examiner:** Sean M. Reilly
Filed: December 31, 2001
Title: "System and Method for Targeted Content Distribution Using Tagged Data Streams"

VIA FACSIMILE 571-273-8300

Attn: Examiner Reilly

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/28/05 (date of transmission).

Maureen M. Pettine
Name of Person Faxing This Paper

Spurred Mr. Pettine

Signature

November 20, 2005

Date of Transmission

11/23/2005 TL0111 00000021 10039062

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INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

6,353,929	Houston, John	03/2002
5,872,588	Aras, et al.	02/1999
5,796,952	Davis, et al.	08/1998

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters
Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 11/22/05

FEET TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/039,062	RECEIVED
Filing Date	December 31, 2001	CENTRAL FAX CENTER
First Named Inventor	William R. Matz	
Examiner Name	Sean M. Reilly	
Art Unit	2153	NOV 22 2005
Attorney Docket No.	BS01376	

TOTAL AMOUNT OF PAYMENT	\$180.00
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other
 Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Enty Fee (\$)			
Each claim over 20 (including Reissues)	50	25			
Each independent claim over 3 (including Reissues)	200	100			
Multiple dependent claims	360	180			
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- 20 or HP =	_____	x _____	= _____	Fee (\$)	Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	_____	x _____	= _____

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
- 100 =	_____	/ 50	(round up) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS \$180.00

SUBMITTED BY:			Complete (if applicable)		
Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone:	(757) 253-5729
Signature	<u>Bambi F. Walters</u>		Date	11/22/05	

FEET TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/039,062
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First Named Inventor	William R. Matz
Examiner Name	Sean M. Reilly
Art Unit	2153
Attorney Docket No.	BS01376

TOTAL AMOUNT OF PAYMENT \$180.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other
 Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 100 =	/ 50	(round up) x	=

4. OTHER FEE(S)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
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SUBMITTED BY:		Complete (if applicable)		
Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	45,197	Telephone: (757) 253-5729
Bambi F. Walters	<i>Bambi F. Walters</i>		Date	11/22/05

Please type a plus sign (+) inside this box → +

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for Form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Shee

of

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<i>Complete if Known</i>	
Application Number	10/039,062
Filing Date	December 31, 2001
First Named Inventor	William R. Matz
Group Art Unit	2153
Examiner Name	Sean M. Reilly
Attorney Docket Number	BS01376

U.S. PATENT DOCUMENTS

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.